

Qualifying Events

A qualifying life event (QLE) is a term defined by OPM to describe events deemed acceptable by the IRS that may allow participants in cafeteria plans (including Premium Conversion) to change their participation election for premium conversion outside of an open enrollment. All changes must be reported within sixty (60) days of event.

In addition to completing the qualifying event change form, you will also need the following supporting documentation

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| Marriage | | See Dependent Eligibility Documentation on reverse of Change Form |
| Birth/Adoption | | See Dependent Eligibility Documentation on reverse of Change Form |
| Employment Status | <p>Change in your employment status or that of your spouse or dependent from either full-time to part-time, or the reverse</p> <p style="text-align: center;">- or -</p> <p>Start of your spouse's employment</p> <p style="text-align: center;">-or -</p> <p>Your spouse or dependent is employed in a position that offers health insurance</p> <p style="text-align: center;">- or -</p> <p>Start or end of an unpaid leave of absence by you, your spouse or your dependent;</p> <p style="text-align: center;">- or -</p> <p>Significant change in the cost or conditions of your spouse's health care coverage related to your spouse's employment that affects you.</p> | Letter from employer and/or supporting documentation |
| Death | | Certified death certificate |
| Divorce | | Copy of divorce documentation |
| Delete Child Dependent Age 19 or over | | Complete Dependent Verification form indicating status change |
| Add dependent – regain IRS eligibility | | Complete Dependent Verification form indicating status change PLUS school transcript indicating full-time student status within last sixty days |
| Add dependent due to loss of coverage | | Letter from employer indicating loss of coverage date (must be within sixty days) |
| Changes in entitlement to Medicare or Medicaid for you, your spouse or dependent | <p>Delete: your spouse or dependent first becomes eligible for coverage under Medicare or Medicaid</p> <p>Add: You, your spouse or dependent loses entitlement to Medicare or Medicaid</p> | Supporting documentation required. |
| Move | Change in residence. New residence is out of service area of current plan. | Indicate date of move in Section "other" |